

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3800-62-016591  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3800

FILED APR 25 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in lb

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Okla.

b. COUNTY

Okla

admission)

c. CITY

OR

Oklahoma City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

539 N. W. 40th

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

Volley

First

J. Bodovitz

Last

Month

Day

Year

April 10, 1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9/8/1898

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

## 10b. KIND OF BUSINESS OR INDUSTRY

Self employed

## 11. BIRTHPLACE (City and state or country)

Ardmore, Okla.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Jake Bodovitz

## 13b. MOTHER'S MAIDEN NAME

Malvina Aarenson

## 14. NAME OF HUSBAND OR WIFE

Frieda Bodovitz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

World War I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Frieda Bodovitz as above

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of liver (metastatic)

## INTERVAL BETWEEN ONSET AND DEATH

3 mo

## DUE TO (b)

Carcinoma of colon

1 year

## DUE TO (c)

153.8

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

March 3, 1962

to April 10, 1962

and last saw him alive on April 9, 1962

Death occurred at

12:10 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Gray H. Hainley, M.D.

## 22b. ADDRESS

216 So. H. Highway Blvd

## 22c. DATE SIGNED

April 4, 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

4/10/62

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Ardmore, Oklahoma

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Pritzinger Mortuary, 331 S. Kirkwood Rd.

## 25. DATE RECD. BY LOCAL REG.

APR 10 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Don E. Hoffman*

Licensed Embalmer No.

*4366*

P. O. Address

*Hennepine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.